

This Executive Summary outlines the major findings outlined in the Portland Area Injury Prevention Program (IPP) Evaluation Report completed in December 2003 by Carolyn E. Crump, PhD and Robert J. Letourneau, MPH of the University of North Carolina. The following Program Stage of Development ratings for the 12 Evaluation Components used to guide the evaluation process are included in this Executive Summary:

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| 1. Mission/Vision | 7. Needs Assessment/Defined Service Population |
| 2. Resource Allocation/Accounting | 8. Surveillance Data Collection |
| 3. Management Support | 9. Injury Program Planning and Implementation |
| 4. Staffing/Roles and Responsibilities | 10. Marketing/Advocacy |
| 5. Training | 11. Evaluation/Reporting |
| 6. Partnerships/Collaboration | 12. Technical Assistance/Building Tribal Capacity |

A brief summary of recommendations is also provided in this Executive Summary for each Evaluation Component. Please refer to the full-text version of the Portland Area Evaluation Report for the following: a) background on the development of the evaluation process; b) summary of the Portland Area Evaluation Process; c) an overview of the Portland Area IPP; d) a description of the Program Stage of Development Process; e) contextual factors used to determine stage of development ratings; f) recommendations; and g) a list of resources for Portland Area IPP staff.

1. Mission/Vision

Basic	Intermediate	Comprehensive
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The Portland Area Injury Prevention Program (IPP) is at the **Basic** stage of development for Mission/Vision. The program has not established a formal program planning process for Area, Field, and Tribal injury prevention program activities. Portland Area staff expressed interest in collaborating to develop a new planning process; one that is realistically based on the Area's abilities to provide specific services given significant financial and staffing constraints. The evaluators, peer reviewer, and Portland Area IP Liaison identified several focus areas for a future Portland Area IP Program Plan, including: resource/allocation; training; marketing; and information sharing (please refer to the full Area evaluation report for identified sub-activities). Additional planning in the Portland Area could be based on additional evaluation components guiding this Area IP Program Evaluation. The 12 evaluation components could serve as the basis for a 3-5 year strategic planning process. Field staff should be responsible for providing feedback, on an annual basis, about the Area's IP Program Plan. In addition, the evaluators suggest that each field staff member identify more specific local IP plans. Despite the barriers that exist to collect local data, Portland Area staff are encouraged to develop goals and objectives that involve implementing and evaluating injury prevention evidence-based interventions. In the absence of local data, best practices in public health suggest that relying on and emphasizing interventions shown through study to be effective (e.g., seatbelts, smoke alarms, car safety seats) is most appropriate. All local program planning processes benefit from Tribal feedback, therefore it may be helpful at some Tribal entities to conduct a series of focus groups to identify specific areas of concern among community members to help inform local IP plans. The evaluators recommend that Area IP Liaison Karin Knopp plan to request time on the annual EH Program meetings' agendas to annually address, discuss, and plan IP Program activities/functions. If not already occurring, greater participation by Tribal staff at these meetings may be beneficial to enhance information sharing.

2. Resource Allocation/Accounting

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage for Resource Allocation/Accounting. Due to the funding allocation process in place in the IHS Portland Area, the Area IP Liaison in the Portland Area does not have control or significant input into the annual budget for the Portland Area IP Program. This can limit a program leader's ability to strategically plan and develop their program. Therefore, the evaluators strongly encourage Area administrators to involve the Area IP Liaison in the budgetary process. One approach to obtaining future funds for IP could involve proposing community based injury prevention objectives in the Portland Area Director's performance standards. This would perhaps equate injury prevention activities as 'projects', which would be similar to the 'project-funding' approach used by engineers in Sanitation and Facilities Construction. In addition, the evaluators recommend that the Area IP Liaison prepare, on an annual basis, a draft plan and budget outlining Area-wide activities. The draft plan should be circulated among field staff for comments to be collected via phone, email, or in person. The annual spending budget should include a list of possible activities requiring funding (e.g., Area-wide project funding initiatives, equipment purchases, training opportunities), should annual year-end funding become available to support Area-wide injury prevention. In FY03 and for much of the 1990s, the Portland Area provided funding to support local injury prevention projects using a competitive funding application process, which has assisted in increasing the capacity of staff to secure additional funds to support injury prevention. The evaluators recommend that eligibility for Area-supported project funding opportunities be partially based on project evaluation. Project guidelines distributed to all funded project coordinators should describe the evaluation requirements. Given the limited, sporadic and sometimes unpredictable existence of project funding in the Portland Area, the evaluators recommend that efforts to build Tribal capacity to obtain and use funds from outside funding sources become a focus of the Portland Area IP Program. Few Tribes in the Portland Area have submitted for or received funding from the IHS Tribal Injury Prevention Cooperative Agreements Program. With the potential continuation of this program in 2005 (for another five-year cycle), Portland Area staff should be prepared to provide technical assistance to Tribes to apply for this and other types of funding. The evaluators therefore encourage on-going IHS staff training in proposal development, budget formulation, budget monitoring, and budget reporting be provided to Portland Area Injury Prevention Program staff.

3. Management Support

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Management Support. Success of injury prevention programs often depends on the support provided to the program from upper management staff at the Area Office and/or Tribal government. While some implicit support for the Portland Area IP Program appears to exist among Area Office staff, several recommendations related to this Evaluation Component are provided. The creation of a full-time Area Injury Prevention Liaison (i.e., Specialist) would indicate stronger management support for the IP Program. This recommendation is provided recognizing that barriers to funding exist in the Portland Area. The Area IP Liaison is currently limited in her ability to oversee and provide direct technical assistance to field staff for injury prevention activities due to her other EH responsibilities. In the future, it will be important for Tribal staff who have been directly or indirectly involved with injury prevention activities (e.g., IP coalition members, Sleep Safe Program site Coordinators) to serve as advocates for making injury prevention a priority at their Tribes. The evaluators recommend that the Area IP Liaison take steps to facilitate these and other Tribal representatives taking on an advocacy role for injury prevention in the Portland Area. To facilitate this, IP staff in the Portland Area are encouraged to develop a standard oral/PowerPoint presentation designed for use with multiple audiences that can be modified to include local concerns to address the following issues: severity of the injury problem in the Portland Area; the costs of injury in the Portland Area; unmet funding needs to support injury prevention; and/or the importance of injury data and appropriate coding of injuries among medical staff. In addition, the evaluators recommend that staff in the Portland Area

consider creating a comprehensive data report (which includes aggregated State data) and having a Tribal member give a presentation to Tribal leaders during the budget formulation process to highlight the importance of injury prevention and thus advocate for increasing the priority of IP on the list of health issues. Finally, giving injury prevention-related performance awards, a practice in place in several other IHS Areas, should be considered in the Portland Area, as it provides beneficial recognition for staff.

4. Staffing/Roles and Responsibilities

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Staffing/Roles and Responsibilities. Staffing to conduct injury prevention activities in the Portland Area has been severely affected by 638 compacting (Title V) and contracting (Title I), such that staff are only able to provide limited IP services for approximately 50 percent of American Indians in the Portland Area. The evaluators recognize that financial barriers exist (e.g., lack of RRM to support IP) and that the organizational structure of the Area limits the Portland Area's ability to fund a full-time Area IP Liaison. The importance of injury prevention to the overall health of American Indians and Alaska Natives, however, suggests that each IHS Area IP Program have one staff person able to devote his/her full-time efforts to injury prevention. While this does not seem possible in the Portland Area given the current funding barriers, reconsidering staffing decisions to allow one staff person to devote his/her full-time efforts on injury prevention would provide increased attention and priority for injury prevention in the Portland Area. Alternatively, having two people devote 50 percent of their time to IP activities in the Area may be an appropriate approach. This may also enable additional IP activities to be conducted in the Field, given that field staff indicated that they are able to devote on average between 5 and 15 percent of their effort to injury prevention activities, despite that on average across all IHS Areas, 30 percent of the RRM is allocated for IP activities. Given these staffing constraints, existing IHS staff should focus their efforts on advocating for the identification of injuries as an important health problem among Tribes in the Area (e.g., through marketing and training activities), as well as for the development of Tribal injury prevention staff positions). IHS staff efforts should be focused on building the capacity of Tribes to identify and secure funding to address their own injury prevention concerns. To accomplish this, enhanced communication mechanisms among staff in the IHS Portland Area will be required. For example, with some facilitation from the Area IP Liaison, field staff could make a commitment to stay in touch on a regular basis to see if/how they can help each other out. Finally, the evaluators suggest that supervisors use the annual injury prevention workplans developed by field staff as the basis for providing constructive feedback to field staff on injury prevention performance on a regular basis.

5. Training

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Training. This evaluation component could be improved through the provision of additional training to IHS staff and Tribal members within the Area. An increased focus on training would help to develop a cadre of Tribal personnel to plan, implement, and evaluate injury prevention programs, which could occur even in the climate of significant financial and staffing constraints in the Area. The evaluators recommend that Portland Area field staff attend either the: 1) revised IP training courses (as on observer or instructor); or 2) Instructors Workshop (to be held in March 2004), as ways to remain 'current' in the best practices in injury prevention. To increase capacity in the Portland Area, all staff in the Portland Area will be required to provide active assistance in recruiting for future training activities. On a regular basis, field staff should be considering potential training course participants and identifying training needs among professional collaborators and

partners. Related to this, given high staff turnover among IHS and Tribal employees, it is important to conduct and document follow-up conversations with training program participants so that, as new IHS staff move into positions, they know who has received training and what follow-up, if any, was conducted with workshop participants in the Portland Area. The development of a training database could be useful in maintaining this information. To accompany this, the development of a deliberate marketing plan for training courses is recommended. Regular Service Unit Directors' meetings may provide a good venue to present marketing materials about the IP training courses available. Strategic one-on-one marketing efforts may also need to be developed for Tribal Health Directors, who do not meet regularly. Portland Area staff could consider developing an abridged Level I training course, designed to provide education and information about injury prevention to Tribal decision-makers. As new staff are hired in the Area, the evaluators strongly recommend that a priority be to hire staff who have either already completed the Fellowship Program or who are interested in doing so after starting work in the Portland Area. IHS staff in the Area should also be proactive in identifying potential Fellowship candidates, as well as in providing assistance for those candidates to apply for the program. Having a full-time Area IP Liaison may allow for more appropriate support and mentoring for future Fellows from the Portland Area. Finally, to provide staff 'continuing education', mini-training courses could become a regular part of annual EH/IP Program meetings, as they have in other IHS Areas. To ensure knowledge of best practices, staff should attend and/or update the materials from the IHS short courses at least every five years.

6. Partnerships/Collaboration

Basic	Intermediate	Comprehensive
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The Portland Area IPP is between the **Basic** and **Intermediate** stage of development for Partnerships/Collaboration. The evaluators commend the number of partnerships that have been formed in the Portland Area. Site visit discussions reveal that there has been concentrated emphasis on the professional partnerships and collaborations in the Portland Area for conducting IP activities. If not already occurring, a key role for Portland Area and field staff in nurturing these existing and forming future partnerships will be to foster direct collaboration between Tribes and other services (e.g., county programs, state programs, national programs). This is particularly important given that few funds are currently available from the IHS Portland Area to support local injury prevention efforts. The evaluators suggest that Portland Area and field staff build on their existing collaborative relationships and expand them in ways that lead to the implementation of local IP projects. Having a set of specific ideas and project proposals, perhaps outlined in the annual Portland Area IP program plan, will assist Portland Area and Field IP staff by focusing their attention on collaborations leading to the joint implementation of specific IP interventions. Professionals and those representing other federal, state, and local agencies will more likely support a project if there is a clear proposal and the ideas are organized in a timeline with stated goals and objectives with the responsible parties indicated. Finally, the evaluators note that few Tribes in the Portland Area have active IP Coalitions and that there are several identified challenges to maintaining coalitions. At IP coalition meetings, however, it is incumbent upon IHS staff to assist with follow-up to ideas discussed. In an era of diminishing resources there is much value in spending time to develop relationships and collaborative efforts.

7. Needs Assessment/Defined Service Population

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Needs Assessment/Defined Service Population. For the Portland Area to move to the next stage of development for this Evaluation Component, staff should consider developing more formal procedures to collect needs assessment data.

Information should be collected from Field and Tribal staff (e.g., at annual EH/IPP or IP Committee meetings) as well as with community members (e.g., via local community injury prevention coalitions or as part of a planned needs assessment data collection activity/project). The evaluators suggest that the formation of a Portland Area Injury Prevention Steering Committee could serve as a significant source of needs assessment data. Identifying several active IP practitioners to serve on a Portland Area IP Steering Committee, which could include in-person meetings or telephone conference calls, will provide input into the identification and prioritization of injury prevention needs in the Portland Area. Another way to collect needs assessment data would be to conduct an abridged Level I training with Tribal decision-makers. During this training, participants could be asked to identify priorities for Portland Area injury prevention activities and how Area, Field, and Tribal staff can address them in the future. An easy-to-read format summarizing needs assessment data should also be developed, to serve as a tool to market or lobby for the injury prevention program (e.g., through the development of community profiles). Finally, the evaluators suggest that Portland Area staff consider supporting one or more Photovoice projects. Photovoice is a methodology to reach, inform, and organize community members, enabling them to prioritize their concerns and discuss problems and solutions. This “needs assessment” method also promotes critical dialogue and knowledge about personal and community issues through large and small group discussions of photographs and therefore has the potential to reach policy makers. In addition to identifying community members’ perceived injury prevention needs and interests, a community capacity assessment could be completed (see resources by Kretzman and McKnight).

8. Surveillance Data Collection

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Surveillance Data Collection. A Severe Injury Surveillance System is currently not supported in the Portland Area. Staff changes and limitations at the Area Office have had an impact on the establishment and/or maintenance of a sustainable data collection system. In addition, significant limitations exist for Area and field staff to be able to collect data from Area and Tribal sources. To develop this evaluation component, however, the Portland Area IP Program could consider several approaches to enhance future data collection efforts. First, the evaluators recommend that Portland Area and field staff keep informed on the development of the new HQ IP surveillance tools available through Web-EHRS and be active in providing input on its use and effectiveness. Second, staff should consider modeling the approach developed in the Nashville Area, whereby windows-based Epi Info 2002 has been customized for the collection of data from law enforcement. The Portland Area IP Liaison is encouraged to obtain additional information (and/or the program materials themselves) to consider modifying it for future use. An Epi Info refresher training may be important to consider for staff who may develop and/or use this new system. Finally, a comprehensive data report showing the severity and consequences of injuries in the Portland Area would be useful in informing and educating Tribal leaders about the importance of injury prevention as a priority health issue. Creating a comprehensive data report, which includes aggregated state-data, and presenting it to Tribal decision makers (e.g., during the budget formulation processes) may benefit the Program. The development of 1-page fact sheets that could also be used locally to summarize the severity of injuries for local decision-makers may also be beneficial. Overall, the immediate focus on other aspects of the Portland Area IP Program (e.g., planning, training, capacity building) may necessitate the delayed development of injury surveillance activities in the Portland Area. In the short-term, Portland Area staff should meet to discuss if/how similar data collection approaches can be used at the local level and to what extent information resulting from these efforts can be used to support the IP program. Once injury surveillance priorities are established and additional planning is conducted, several longer-term recommendations may prove useful.

9. Injury Program Planning and Implementation

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Injury Program Planning and Implementation. Due to limited documentation available, it was difficult for the evaluators to accurately assess the scope, reach, and content of local injury prevention activities occurring over time in the Portland Area. Increased documentation of this type of information on an annual basis would allow for a more reflective process for Portland Area IP staff to assess the degree to which project interventions are addressing the most pressing injury issues in the Portland Area and are using appropriate intervention approaches. Given that funding from the IHS Portland Area remains limited to support local/Tribal injury prevention projects, Area and Field staff are encouraged to be proactive about gaining support for and obtaining external funding for local/Tribal injury prevention activities (i.e., through the on-going IHS Sleep Safe Program and the IP Cooperative Agreements Program). To help ensure this can take place, the evaluators recommend that the Area IP Liaison (or Tribal IP Committee) develop a set of Tribal Injury Prevention Profiles, so that a current file exists on past and present IP activities conducted at each Tribe. Field staff should develop the profiles for the Tribes that they serve and then the Area IP Liaison can provide editorial advice, seek additional information, and standardize the format for profiles across the Portland Area. In addition, the evaluators recommend that Portland Area staff develop a strategic approach to reduce injury related morbidity and mortality in the Portland Area by specifically incorporating the four types of interventions outlined in the IOM's *Reducing the Burden of Injury Report* (Bonnie et al., 1999): 1) Changing individual behavior; 2) Modifying products or agents of injury; 3) Modifying the physical environment; and 4) Modifying the sociocultural and economic environment. While Portland Area IPP staff are not expected to take full responsibility for preventing intentional injuries, EH/IP staff contributions may be significant. It seems an appropriate issue to address through collaborative relationships with IHS Area departments and other organizations with responsibility for alcohol abuse prevention/treatment and mental health. As described in the Mission/Vision and Injury Surveillance section of this report, given the limited amount of and difficulty in collecting local injury morbidity and mortality data, it is also appropriate for Area and Field staff to encourage Tribes to develop and implement intervention projects that are considered in the public health literature as 'evidence based effective' (e.g., occupant restraint; smoke alarm distribution).

10. Marketing/Advocacy

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Marketing/Advocacy. The evaluators recommend that the Area IP Liaison devote time toward the development of Portland Area IP Program marketing tools to increase awareness about the burden of injuries among American Indians/Alaska Natives in the Portland Area, as well as to communicate more clearly what role IHS staff can play to assist Tribes in addressing their local injury issues. Suggested marketing tools outlined in the full report include: an IP Program summary or brochure; Portland Area Fact Sheets; a Portland Area-specific Injury Prevention Program webpage. Information in these marketing tools could include: training course opportunities, injury data; injury costs by fiscal year; funding announcements and/or IP contacts. All materials developed to market the Area's program should be updated and distributed annually to the Area's list of Portland Area injury prevention practitioners or partners. More specifically, the IP Liaison could adapt the presentations used by Alan Dellapenna during the May 2003 site visit as the basis for presentations to Tribal leaders in the Portland Area. The tailored presentation, or other standardized presentations modeled after it, could address questions raised among Portland Area IP staff during the site

visit, including: how do we facilitate IP activities; how do we encourage Tribes and Tribal decision-makers to believe that injury prevention is important. Getting on the NWPIHB meeting agenda could also be a mechanism to communicate the value of the Portland Area IP Program. A well formed, functioning Portland Area IP Steering Committee could also provide important assistance in marketing and advocating for injury prevention throughout the Portland Area. Finally, the evaluators note that an Area Director's Awards Program for community injury prevention could be another way to market the Portland Area IP Program.

11. Evaluation/Reporting

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of Development for Evaluation/Reporting. For the Portland Area Injury Prevention Program to advance to the next stage of development for this Evaluation Component, more formal evaluation and reporting mechanisms should be put in place to monitor IP intervention activities and projects being implemented at the Field/Tribal level. Clear and specific evaluation and reporting instructions should be included as a requirement for project funding to support local injury prevention activities. Given that Tribal intervention projects funded by the Area are awarded generally small amounts of money, for evaluation purposes it is appropriate to focus on what was done (process measures) with some evidence of changes in behavior, attitudes, or knowledge (impact measures). The evaluators recommend that the Area IP Liaison develop a set of additional “indicators of success” e.g., extent to which collaboration/partnership was established, number of people involved/reached, extent to which the capacity of the Tribe was developed) for Tribal small grant coordinators to use when reporting accomplishments of their projects. To support this, the evaluators recommend that appropriate training on evaluation strategies, methods, and techniques be provided to as many Area, Field and Tribal staff as possible. In general, more follow-up (though report writing or evaluation summaries) on projects should also be conducted in the Portland Area. Specifically, the Area IP Liaison should annually document the accomplishments of Tribal injury prevention activities (as described in the Program Planning and Implementation evaluation component recommendations). This may assist to facilitate information sharing and networking among staff within the Portland Area. Field staff reporting should be consistent with the goals and objectives outlined in the Portland Area Injury Prevention Program Plan. The current reporting required by field staff does not follow a specific format. Having a standard report format may facilitate summarizing information across the Area, as well as frame what information is important to report.

12. Technical Assistance/Building Tribal Capacity

Basic	Intermediate	Comprehensive
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The Portland Area IPP is at the **Basic** stage of development for Technical Assistance/Building Tribal Capacity. In the absence of significant project funding from the Portland Area for local IP efforts, ensuring that Portland Area Tribes are knowledgeable about and capable of securing funding from ‘external’ funding sources is important to building the capacity of Tribes in the Portland Area to address their injury prevention concerns. Having a full-time IP Liaison (or two half-time IP Liaisons) would help the Portland Area IP Program focus its efforts at building Tribal Capacity. However, given that financial barriers exist that prevent this from happening, the current Area IP Liaison could focus her efforts on prioritizing Portland Area IP activities that are specifically designed to increase Tribal capacity, including training, program planning, evaluation, and marketing activities. With the advent of the IHS Tribal Injury Prevention Cooperative Agreements Program funding to Tribes, it is important for Portland Area and Field staff to provide technical assistance to all eligible Tribal Organizations in the Portland Area

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interested in working to prevent injuries and/or to submit proposals for grant funding. All Portland Area IP staff should be proactive in the way in which they work with Tribal representatives to advocate for and make suggestions about potential IP activities or funding opportunities. Assisting Tribal staff and local coalitions with strategic planning, evaluation/reporting, and grant writing are critical areas needed by Tribal members to increase the effectiveness of their injury prevention activities. Capacity building efforts through training have also been successful at several Tribes in the Portland Area. The evaluators encourage similar approaches be used with key staff involved with IP activities at other Tribes in the Portland Area. Conducting regular trainings for Tribal leadership (e.g., Tribal Council members) about the severity, costs, and consequences of injuries may prove beneficial in building the capacity for injury prevention of all Tribes in the Portland Area. Finally, establishing a Portland Area Injury Prevention Steering Committee may also raise awareness of the importance of IP among both Tribes in the Portland Area. This Committee could build the capacity of Portland Area Tribal staff for injury prevention, particularly with an enhance relationship with the NW Portland Indian Health Board.

In summary, the Portland Area Injury Prevention Program is at the following Stages of Development for the 12 Evaluation Components used to guide the Evaluation:

Evaluation Component	Stage of Development		
	Basic	Intermediate	Comprehensive
Mission/Vision	Basic	Intermediate	Comprehensive
Resource Allocation/Accounting	Basic	Intermediate	Comprehensive
Management Support	Basic	Intermediate	Comprehensive
Staffing/Roles & Responsibilities	Basic	Intermediate	Comprehensive
Training	Basic	Intermediate	Comprehensive
Partnerships/Collaboration	Basic	Intermediate	Comprehensive
Needs Assessment/Defined Service Population	Basic	Intermediate	Comprehensive
Surveillance Data Collection	Basic	Intermediate	Comprehensive
Injury Program Planning and Implementation	Basic	Intermediate	Comprehensive
Marketing/Advocacy	Basic	Intermediate	Comprehensive
Evaluation/Reporting	Basic	Intermediate	Comprehensive
Technical Assistance/Building Tribal Capacity	Basic	Intermediate	Comprehensive

Portland Area Injury Prevention Program staff should use the results, recommendations, and resources provided in this report to develop an Action Plan to enhance the stages of development for each Evaluation Component used in this assessment process.